



**BOROUGH OF ROYAL TUNBRIDGE WELLS.**

---

# **ANNUAL REPORT**

OF THE

## **Medical Officer of Health**

AND THE

## **School Medical Officer**

**For the Year 1920.**

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**F. C. LINTON, M.A., M.B., Ch.B., D.P.H.**

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Tunbridge Wells—

BALDWIN, GROSVENOR WORKS.

1791/21.





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## Health Committee :\*

Mr. Alderman CARPENTER (Chairman).

THE MAYOR (Mr. Councillor H. J. Willmot).

Mr. Alderman CALEY.

Alderman Sir ROBERT GOWER,  
O.B.E.

Mr. Councillor T. EDWARDS.

Councillor Dr. REYNOLDS

Mr. Councillor THORPE.

Councillor Miss POWER.

## Maternity and Child Welfare Committee :\*

THE HEALTH COMMITTEE.

Councillor Miss SCOTT.

Miss BARKER.

Mrs. GOWER.

## Staff :

Chief Sanitary Inspector :

JAMES CAVE, A.R.S.I., A.R.I.P.H.

Inspectors :

E. J. WELLS, A.R.S.I.

W. P. CAVE, A.R.S.I.

Clerk :

F. HICKS.

Junior Clerk :

Miss M. FERMER.

Maternity and Child Welfare Nurse :

Miss M. ENGLISH.

Health Visitors :

Miss F. CLARK.

Miss H. M. STEVENS.

Matron of the Isolation Hospital :

Miss E. BROCKLEHURST.

Public Analyst :

A. H. M. MUTER, F.I.C.

Medical Officer of Health and Bacteriologist :

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

\* The present constitution of Committees is given above.

To the *Mayor, Aldermen and Burgesses of the Borough of  
Royal Tunbridge Wells.*

LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report upon the work of the Health Department and of the School Medical Department for the year 1920.

In accordance with circular 168 of the Ministry of Health dated February, 1921, the report follows the lines of Mem. 40-Int. of the Ministry containing directions as to the contents and arrangements of the Annual Reports of Medical Officers of Health for 1920.

I have the honour to be,

Your obedient Servant,

F. C. LINTON.





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## SUMMARY OF STATISTICS FOR 1920.

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Population Estimated to the middle of the Year, 35,795.

Area of the Borough, 3,991 acres.

Rateable Value, £307,532.

CENSUS 1911.	{	Population, 35,703.
		Number of Inhabited Houses, 7,671.
		Average Number of Persons per House, 4.6.
		Density of Population, 8.9 Persons per acre.

Number of Deaths 449 (450 in the Borough, 77 inward transfers <sup>1</sup>, and 78 outward transfers <sup>2</sup>).

Crude Death-rate per thousand, 12.5. Average for previous ten years, 13.7. Death-rate corrected for age and sex constitution, 10.87.

Number of Deaths from Zymotic Diseases, 9. Death-rate from Zymotic Diseases, 0.3 per thousand of the population.

Death-rate from Phthisis, 0.64 per thousand living.

Death-rate from Tuberculosis, all forms, 0.97.

Number of Births: Boys, 331; Girls, 325; total, 656.

Birth-rate per thousand, 18.3. Average for the previous ten years, 14.6.

Infantile Mortality, 62.5 per thousand born. Average for the previous ten years, 75.2.

Mean Annual Temperature, 50.1°F.

Total Rainfall, 25.13 inches.

Hours of Bright Sunshine, 1,396 hours, 36 minutes.

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<sup>1</sup> Inward transfer, means death of person belonging to Borough who died in district beyond the Borough.

<sup>2</sup> Outward transfer, means death of person belonging to district beyond the Borough who died within the Borough.



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## A.—NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

### (1.) *Population.*

The Census population of 1911 was 35,703. The population for 1920 as estimated by the Registrar-General was 35,795.

### (2.) *Physical Features and General Character.*

The Borough of Royal Tunbridge Wells is charmingly situated on a range of low hills and valleys sloping mostly towards the hollow in which the historic mineral springs take their origin. It lies in the extreme south-west corner of Kent,  $34\frac{1}{2}$  miles from London, one parish being actually situated in the County of Sussex, though taken for administrative purposes along with the rest of the Borough as belonging to Kent. The altitudes vary from 200 feet in the Springs valley to 500 feet at Pembury Road. The variations in altitude and in aspect render the climate comparatively bracing or comparatively sheltered according to the situation selected.

The sub-soil, chiefly sandy, has an admixture of clay which adds variety to the vegetation, ranging from the heather, birch and pine trees of sandy soils to the broad-leaved trees of clay soils.

The area of the Borough, 3,991 acres, is large on account of the number and extent of open spaces, chief amongst which are the wide rolling gorse-clad common in the centre of the town and Rusthall Common to the westward.

**Meteorological Notes.**—The records of the Municipal Meteorological Station, which is one of the official auxiliary stations reporting to the Meteorological Office, are kept by the staff of the Health Department and have been so

kept since 1st July, 1914. The instruments are situated in the Calverley Park with the exception of the Sunshine Recorder, which is established on the roof tower of the Earl's Court Hotel, Mount Ephraim, and the Standard Barometer, kept in the Health Office.

The readings are taken by Mr. E. J. Wells and Mr. W. P. Cave, the Assistant Sanitary Inspectors.

The annual inspection of the station by an inspector of the Meteorological Office took place on 20th October, and the report on the station was satisfactory.

The total amount of sunshine recorded was 1,396 hours 36 minutes. The mean is 1,608 hours 48 minutes. The most sunny day was June 18th, when 14 hours 24 minutes were recorded. There were 78 sunless days, 61 being the average.

The highest temperature in the sun was 146 degrees, on June 12th.

The mean temperature in the shade for the year was 50.1 degrees, the average being 49.0.

The mean daily range was 14.6, which is the average.

The temperature in the shade, four feet above the ground, was highest, 78 degrees, on May 25th and June 2nd, and lowest 21 degrees, on January 7th and 8th.

The temperature in the shade first reached :—

60 degrees on February 18th.

70 „ „ May 23rd.

last reached—

70 „ „ October 9th.

60 „ „ October 26th.

The hottest night was July 22nd when the temperature did not go below 59.4.

The last frost in the air in spring was on May 5th and the first in the autumn was on October 31st. The last on the grass in spring was on June 8th and the first in the autumn was on October 21st.



The rainfall amounted to 25.13 inches, the average being 29.62 inches. It fell on 156 days, the average being 173.

The most rain that fell on one day was 1.16 inches on August 18th.

The wind at 9 a.m. was N. 27 days, N.E. 33 days, E. 23 days, S.E. 34 days, S. 43 days, S.W. 111 days, W. 56 days, N.W. 39 days.

The mean amount of cloud at 9 a.m. was 6.8, 6.8 being the average ; ten representing overcast. There was thunder and lightning on eleven days.

There were ten fogs, and it was misty on 54 other mornings.



# METEOROLOGICAL NOTES.

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Months.	Sunshine.		Rainfall.		Mean Temperature.		Temperature Underground.			
	In Inches.		In shade, 4ft. above ground.		One Foot.				Four Feet.	
	1920.	24 Year Average.	1920.	43 Year Average	1920.	30 Year Average	1920.	20 Year Average	1920.	6 Year Average
January ...	Hrs. 46 Mins. 24	Hrs. 52 Mins. 42	3.65	2.54	°F 41.0	°F 37.9	°F 41.8	°F 39.3	°F 44.0	°F 43.8
February ...	85 36	75 48	0.57	2.27	43.3	39.0	42.6	38.8	44.0	42.5
March ...	137 54	122 54	1.45	2.27	46.3	41.7	44.9	41.4	44.7	43.0
April ...	76 36	160 0	2.63	1.98	47.6	46.4	48.6	46.2	47.7	45.0
May ...	213 30	214 54	1.39	1.88	54.6	53.0	54.0	54.0	50.5	50.5
June ...	193 24	200 54	1.37	2.10	58.8	57.8	60.6	60.1	56.0	55.8
July ...	139 54	207 42	3.63	2.33	58.7	61.1	61.8	63.1	59.0	58.0
August ...	147 24	199 24	1.58	2.54	56.9	60.8	60.2	62.8	59.1	59.7
September ...	97 54	160 48	2.85	2.36	57.1	56.8	57.7	58.3	57.6	58.9
October ...	159 12	106 18	1.74	2.77	52.3	49.9	54.2	52.2	56.1	55.4
November ...	74 54	67 24	1.49	3.33	44.4	43.3	45.7	44.9	50.2	50.2
December ...	23 54	40 18	2.78	3.27	40.4	40.0	42.0	41.5	45.9	46.2
WHOLE YEAR	1,396 36	1,609 6	25.13	29.64	50.1	49.0	51.1	50.2	51.2	50.7

- (3.) *Social Conditions, including the chief occupations of the inhabitants ; the influence of any particular occupation on the public health ; vital statistics ; the extent to which hospital and other forms of gratuitous relief are utilised.*

The Borough is largely a residential Borough, in which persons of means and leisure spend the later years of their lives. It is also a popular holiday resort.

There are no large factories or works in Tunbridge Wells ; it is because of the beauty and diversity of the scenery of the town and its environment, as well as the pure atmosphere, unpolluted by the smoke of factory chimneys, that it is so greatly sought after for residential or holiday purposes. As regards industries, Tunbridge Wells is a shopping centre for a wide district and consequently tradesmen and their employees form an important section of the population. There are several laundries, employing a considerable number of women workers. The remainder of the working class population consists largely of gardeners, chauffeurs, servants, farm labourers, builders' labourers and painters.

#### *Vital Statistics of the District.*

The estimated population of the Borough in the middle of the year was 35,795. The area of the Borough is 3,991 acres, the number of persons per acre is 9.0, and the number of inhabited houses is 8,021, the average number of persons per house being 4.4.

**BIRTHS.**—From figures supplied by the Registrar-General the total number of births registered as properly belonging to Tunbridge Wells is 656 (331 Males, 325 Females). This corresponds to a rate of 18.3 per thousand, as compared with 13.4 per thousand in 1919. 22 Males and 25 Females were born out of wedlock, giving an illegitimate rate of 7.1 per cent., as compared with 7.9 per cent. in 1919.

The following table shows the difference between Tunbridge Wells and the average for the Great Towns, Smaller Towns, and England and Wales generally :—

				Birth rate.
England and Wales	...	...	...	25.4
96 Great Towns	...	...	...	26.2
148 Smaller Towns	...	...	...	24.9
TUNBRIDGE WELLS	...	...	...	18.3

The births notified during the year as occurring in the Borough number 665 and consisted of 350 Males and 315 Females ; of these 12 Males and 3 Females were stillborn.

In order to find a higher birth rate in the Tunbridge Wells reports, one has to go back as far as the year 1906, when the figure was 19.3 per thousand. The excess of births over deaths has also not been equalled since 1906.

A comparative statement of births and deaths for the past fifteen years is appended, and from this it will be seen that apart from immigration and emigration, the population has been practically stationary for several years.

#### Comparative Statement of Births and Deaths for last Fifteen Years in Tunbridge Wells.

Year.	Births.	Deaths.	Excess of	
			Deaths over Births.	Births over Deaths.
1906	676	413	—	263
1907	595	481	—	114
1908	615	415	—	200
1909	618	476	—	142
1910	593	409	—	184
1911	567	415	—	152
1912	570	398	—	172
1913	545	440	—	105
1914	505	504	—	1
1915	556	556	—	—
1916	502	487	—	15
1917	380	465	85	—
1918	431	544	113	—
1919	479	479	—	—
1920	656	450	—	206



DEATHS.—450 deaths were registered in the Borough during 1920, and there were 78 outwardly transferable deaths and 77 inward transfers,\* thus making the total number of deaths belonging to the district 449.

Owing to the age and sex constitution of the population of Tunbridge Wells, the death-rate, 12.5, has to be corrected to 10.9 to make it correspond with the death-rate at different ages in the country generally. The figure for correction as supplied by the Registrar-General is 0.8683 of the recorded rate.

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\* Figures of births and deaths for transferences are supplied by the Registrar-General.

**Population, Birth and Death Rates from 1919 to 1920.**

Year.	Estimated Population.	Birth-rate per 1,000.	Death-rate per 1,000.	Infantile Mortality.	Zymotic Death-rate.
1910	36,173	16.3	11.3	75.8	0.2
1911	35,778	15.8	11.5	86.4	1.0
1912	36,038	15.8	11.0	43.8	0.3
1913	36,298	15.0	12.1	66.0	0.2
1914	36,460	13.8	13.8	79.2	0.9
1915	33,430	15.2	16.6	91.7	0.4
1916	32,316	14.2	15.1	61.8	0.5
1917	30,751	11.1	15.1	81.6	0.2
1918	32,297	11.9	16.8	102.1	0.6
1919	34,423	13.4	13.9	66.8	0.2
10 Years' Average		14.2	13.7	75.5	0.4
1920	35,795	18.3	12.5	62.5	0.3

**Quarterly Death-Rate per thousand per annum for a period of  
Five Years.**

	1916	1917	1918	1919	1920
1st Quarter ...	17·5	21·5	17·2	19·5	14·5
2nd Quarter ...	15·0	13·0	13·0	11·4	13·5
3rd Quarter ...	13·6	10·1	11·1	10·3	11·8
4th Quarter ...	14·2	15·8	26·0	14·4	10·2

Number of Deaths :—

First Quarter ...	130	} Quarterly death-rates worked out on a population of 35,795 for all the year.
Second Quarter ...	121	
Third Quarter ...	106	
Last Quarter ...	92	
	449	

**Showing the Number of Deaths at Ages beyond Sixty years.**

Over 100 years of age ...	1
Under 100 and over 90 ...	11
Under 90 and over 80 ...	60
Under 80 and over 70 ...	119
Under 70 and over 60 ...	78
Total ...	269
(Deaths at all ages, 449.)	



## Showing the Mortality at Several Ages for a period of Five Years.

	1916	1917	1918	1919	1920
Deaths at under 1 year	31	31	44	32	41
„ 1 and under 2	6	6	9	5	4
„ 2 and under 5	6	3	21	8	7
„ 5 and under 15	16	18	22	10	9
„ 15 and under 25	17	16	32	17	21
„ 25 and under 45	38	33	83	43	39
„ 45 and under 65	104	117	117	106	89
„ 65 and upwards	269	241	216	258	239
Totals ...	487	465	544	479	449

The death-rate is the lowest since 1913. It is noteworthy that fewest deaths occurred in the last quarter of the year, an unusual circumstance, no doubt due to the very sunny November and the low rainfall during the last three months, causing a diminution of Catarrhal and respiratory troubles. The number of deaths from Cancer was 14.5 per cent. of the total, as compared with 13 per cent. in 1919.

INFANT MORTALITY.—41 deaths of infants below one year of age occurred, being 62.5 per thousand born, as compared with an infant mortality of 80 per thousand in England and Wales generally. The average mortality in Tunbridge Wells during the previous ten years was 75.2. More than half of the 41 deaths under one year of age occurred during the first week of life. It is hoped that by additional care for and education of the expectant mother on health matters, this high mortality, which is due largely to pre-natal causes, may be diminished as the mortality in the later months of the first year of life has been, by suitable health instruction.

## Causes of Infantile Mortality 1911—1920.

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	Total Deaths, 10 years	Rate per 1000 Births.
Marasmus ...	2	3	11	6	3	6	2	2	3	...	38	7.4
Premature Birth ...	9	7	5	6	11	7	10	14	15	18	102	19.7
Bronchitis ...	6	...	1	2	3	3	1	2	1	...	19	3.7
Pneumonia ...	3	2	2	2	9	1	5	5	3	4	36	6.9
Convulsions ...	2	1	...	2	5	2	2	2	1	1	18	3.5
Congenital Defects ...	3	5	1	3	5	3	...	2	...	4	26	5.0
Diarrhoeal Diseases ...	11	...	1	3	3	1	...	...	1	1	21	4.1
Whooping Cough ...	5	...	...	8	1	2	...	3	1	...	20	4.0
Overlaying ...	1	...	...	...	2	...	1	...	...	...	4	0.8
Measles ...	...	...	...	1	1	...	...	3	...	...	5	1.0
Non-Tuberculous Meningitis ...	1	...	...	...	1	...	1	...	...	...	3	0.6
Tuberculous Meningitis ...	...	1	1	...	...	...	...	...	...	2	4	0.8
Tuberculous Peritonitis ...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis ...	...	...	2	1	1	...	2	4	...	2	12	2.3
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes ...	6	6	12	6	6	6	7	7	7	9	72	13.9
Total Deaths below 1 year ...	49	25	36	40	51	31	31	44	32	41	380	...
Rate per 1,000 Births...	86.4	43.8	66.0	79.2	91.7	61.8	81.6	102.1	66.8	62.5	73.5	...

The number of Births during the 10 years (1911—1920) was 5,169.

**Causes of Death during the Year 1920, in Tunbridge Wells.**

Figures supplied by the Registrar-General.

Civilians only, all Causes ... ..						Males. 193	Females. 257
Scarlet Fever	...	...	...	...	...	—	2
Enteric Fever	...	...	...	...	...	—	—
Measles	...	...	...	...	...	—	1
Whooping Cough	...	...	...	...	...	—	1
Diphtheria or Croup	...	...	...	...	...	—	2
Influenza	...	...	...	...	...	7	12
Pulmonary Tuberculosis	...	...	...	...	...	10	13
Erysipelas	...	...	...	...	...	—	1
Tuberculous Meningitis	...	...	...	...	...	—	2
Other Tuberculous Diseases	...	...	...	...	...	4	6
Cancer, Malignant Disease	...	...	...	...	...	27	40
Rheumatic Fever	...	...	...	...	...	2	1
Meningitis	...	...	...	...	...	—	—
Organic Heart Disease	...	...	...	...	...	33	39
Bronchitis	...	...	...	...	...	12	7
Pneumonia (all forms)	...	...	...	...	...	12	13
Other Respiratory Diseases	...	...	...	...	...	2	6
Diarrhoea, etc. (under 2 years)	...	...	...	...	...	2	—
Appendicitis and Typhlitis	...	...	...	...	...	—	1
Cirrhosis of Liver	...	...	...	...	...	1	1
Alcoholism	...	...	...	...	...	—	1
Nephritis and Bright's Disease	...	...	...	...	...	10	9
Puerperal Fever	...	...	...	...	...	—	—
Parturition, apart from Puerperal Fever	...	...	...	...	...	—	2
Congenital Debility, etc.	...	...	...	...	...	15	8
Violence, apart from Suicide	...	...	...	...	...	4	4
Suicide	...	...	...	...	...	4	1
Other defined Diseases	...	...	...	...	...	48	84
Causes ill-defined or unknown	...	...	...	...	...	—	—
Deaths of Infants under 1 year of age	...	...	...	...	...	25	16
<b>TOTAL BIRTHS</b>	...	...	...	...	...	331	325
Legitimate	...	...	...	...	...	309	300
Illegitimate	...	...	...	...	...	22	25

POPULATION FOR BIRTHS AND DEATHS ... 35,795

**TABLE I.**  
**Vital Statistics of Whole District during 1920 and Previous Years.**

Year.	Population estimated to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un- corrected Number.	Nett.		Number.	Rate.	of Non- Registered in the District.	of Resi- dents not registered in the District.	Under 1 Year of Age.		At all Ages	
			Number.	Rate					Number.	Rate per 1,000 Nett Births.	Number.	Rate.
I	2	3	4	5	6	7	8	9	10	11	12	13
1914	36,460	496	505	13·8	494	13·5	52	62	40	79·2	504	13·8
1915	33,430	544	556	15·2	537	16·1	50	69	51	91·7	556	16·6
1916	32,316	480	502	14·2	480	14·9	53	60	31	61·8	487	15·1
1917	30,751	396	380	11·1	440	14·3	73	98	31	81·6	465	15·1
1918	32,297	417	431	11·9	538	16·6	79	85	44	102·1	544	16·8
1919	34,423	469	479	13·4	473	13·7	68	74	32	66·8	479	13·9
1920	35,795	665	656	18·3	450	12·6	78	77	41	62·5	449	12·5



TABLE II.

Cases of Infectious Disease notified during the Year 1920.

Notifiable Disease.	No. of Cases Notified.							Total Cases Notified in each locality (e.g., Parish or Ward) of the District.					Total Cases removed to Hospital.
	At all Ages.	At Ages—Years.						North Ward.	South Ward.	East Ward.	West Ward.		
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.					65 and upwards.	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera (C) Plague (P)	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria, including Membranous Croup	64	2	11	35	10	6	...	17	10	9	28	62	
Erysipelas	19	...	...	1	1	6	3	7	7	1	4	1	
Scarlet Fever	107	...	12	78	13	2	...	35	26	23	23	107	
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	
Enteric Fever	4	...	...	...	4	...	...	...	...	...	4	3	
Relapsing Fever (R) Continued Fever (C)	...	...	...	...	...	...	...	...	...	...	...	...	
Puerperal Fever	1	...	...	...	...	1	...	...	...	1	...	...	
Cerebro-spinal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	
Ophthalmia Neonatorum	2	2	...	...	...	...	...	...	1	1	...	...	
Pneumonia	86	3	13	11	11	27	8	33	23	18	12	3	
Malaria	9	...	...	...	...	9	...	2	1	2	4	...	
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	
Pulmonary Tuberculosis	42	1	...	1	11	17	5	11	10	9	12	4	
Other forms of Tuberculosis	15	1	2	5	1	4	1	6	2	3	4	2	
Encephalitis Lethargica	1	...	...	...	...	...	1	...	1	...	...	...	
Totals	350	9	38	131	51	172	31	111	81	67	91	182	

The Accommodation provided for the treatment of Infectious Diseases is as follows:—

THE SANATORIUM (The Tunbridge Wells Isolation Hospital) situate in Tunbridge Wells...	...	...	...	...	...	...	57 Beds.
THE DISLINGBURY HOSPITAL for Small-pox and Plague, situate at Capel in the Tunbridge Rural District, belonging to the Joint Hospital Board of the Tunbridge Wells Corporation, the Tonbridge Urban District Council, the Southborough Urban District Council, and the Tonbridge Rural District Council ...	...	...	...	...	...	...	20 Beds.



TABLE III.

Causes of, and Ages at Death during the Year 1920.

CAUSES OF DEATH.				Nett Deaths at the subjoined Ages of "Residents" whether occurring within or without the District.								Total Deaths whether of residents or non-residents in Institutions in the District	
				All Ages.	Und'r 1 year	1 and 2 years	2 and 5 years	5 and 15 years	15 and 25 years	25 and 45 years	45 and 65 years		65 and up- wards
(I)				(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(II)
All Causes	Certified	...	...	447	40	4	7	9	21	39	89	238	...
	Uncertified	...	...	2	1	...	...	...	...	...	...	1	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	1	...	1	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	2	...	...	1	...	...	...	1	...	2
Whooping Cough	...	...	...	1	...	...	1	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	2	...	1	1	...	...	...	...	...	2
Influenza	...	...	...	17	1	...	...	...	4	5	2	5	2
Erysipelas	...	...	...	1	...	...	...	...	1	...	...	...	...
Phthisis (Pulmonary Tuberculosis)	...	...	...	21	1	...	...	...	2	10	5	3	4
Tuberculous Meningitis	...	...	...	3	2	1	...	...	...	...	...	...	2
Other Tuberculous Diseases	...	...	...	9	...	...	...	2	3	2	1	1	2
Cancer, Malignant Disease	...	...	...	65	1	...	...	...	...	8	20	36	15
Rheumatic Fever	...	...	...	2	...	...	...	1	...	...	...	1	1
Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	2
Organic Heart Disease	...	...	...	56	...	...	...	...	3	3	13	37	6
Bronchitis	...	...	...	19	...	...	...	...	...	...	4	15	...
Pneumonia (all forms)	...	...	...	24	3	1	3	2	1	4	3	7	5
Other Diseases of Respiratory Organs	...	...	...	4	...	...	...	...	...	...	2	2	...
Diarrhoea and Enteritis	...	...	...	3	3	...	...	...	...	...	...	...	...
Appendicitis and Typhlitis	...	...	...	2	...	...	...	1	...	...	1	...	10
Cirrhosis of Liver	...	...	...	2	...	...	...	...	...	...	...	2	...
Alcoholism	...	...	...	3	...	...	...	...	...	1	2	...	...
Nephritis and Bright's Disease	...	...	...	19	...	...	...	...	1	...	7	11	3
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Accidents and Diseases of Preg- nancy and Parturition	...	...	...	2	...	...	...	...	1	1	...	...	3
Congenital Debility and Malformation, including Premature Birth	...	...	...	24	23	...	...	...	1	...	...	...	2
Violent Deaths, excluding Suicide	...	...	...	8	...	...	1	1	...	1	1	4	7
Suicide	...	...	...	5	...	...	...	...	...	1	3	1	...
Other defined Diseases	...	...	...	150	7	...	...	2	4	3	21	113	37
Diseases ill-defined or unknown	...	...	...	4	...	...	...	...	...	...	3	1	3
Totals				449	41	4	7	9	21	39	89	239	108

**TABLE IV.**  
**INFANT MORTALITY.**

1920. Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.			Under 1 Week.	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year.
All causes	Certified ...	...	20	3	1	—	24	7	2	2	5	40
	Uncertified	...	1	—	—	—	1	—	—	—	—	1
{	Small-pox	...	—	—	—	—	—	—	—	—	—	—
	Chicken-pox	...	—	—	—	—	—	—	—	—	—	—
{	Measles	...	—	—	—	—	—	—	—	—	—	—
	Scarlet Fever	...	—	—	—	—	—	—	—	—	—	—
{	Whooping-cough	...	—	—	—	—	—	—	—	—	—	—
	Diphtheria and Croup	...	—	—	—	—	—	—	—	—	—	—
{	Erysipelas	...	—	—	—	—	—	—	—	—	—	—
	Tuberculous Meningitis	...	—	—	—	—	—	—	—	1	1	2
{	Abdominal Tuberculosis	...	—	—	—	—	—	—	—	—	—	—
	Other Tuberculous Diseases	...	—	—	—	—	—	—	—	—	1	1
{	Meningitis (not Tuberculous)	...	—	—	—	—	—	—	—	—	—	—
	Convulsions	...	—	1	—	—	1	—	—	—	—	1
{	Laryngitis	...	—	—	—	—	—	—	—	—	—	—
	Bronchitis	...	—	—	—	—	—	—	—	—	—	—
{	Pneumonia (all forms)	...	1	—	—	—	1	1	—	1	1	4
	Diarrhœa	...	—	—	—	—	—	—	—	—	—	—
{	Enteritis	...	—	—	—	—	—	—	1	—	—	1
	Gastritis	...	—	—	—	—	—	1	1	—	—	2
{	Syphilis	...	—	—	—	—	—	2	—	—	—	2
	Rickets	...	—	—	—	—	—	—	—	—	—	—
{	Suffocation (overlying)	...	—	—	—	—	—	—	—	—	—	—
	Injury at Birth	...	1	1	—	—	2	—	—	—	—	2
{	Atelectasis	...	—	—	—	—	—	—	—	—	—	—
	Congenital Malformations	...	2	—	—	—	2	—	—	—	2	4
{	Premature Birth	...	17	1	—	—	18	—	—	—	—	18
	Atrophy, Debility and Marasmus	...	—	—	—	—	—	—	—	—	—	—
{	Other causes	...	—	—	1	—	1	3	—	—	—	4
	Totals	...	21	3	1	—	25	7	2	2	5	41

NETT BIRTHS IN THE YEAR—

Legitimate ... 609  
Illegitimate ... 47

NETT DEATHS IN THE YEAR OF—

Legitimate Infants ... 36  
Illegitimate Infants ... 5

**Medical Charities.**—A brief list of the Medical Charities available in Tunbridge Wells is given, stating the number of persons relieved by them in each case.

**TUNBRIDGE WELLS AND DISTRICT GENERAL HOSPITAL.**—86 Beds. In-patients admitted 1063. Out-patients' attendances 64,682.

**EYE AND EAR HOSPITAL.**—The number of Out-patients treated during the year was 2,448 and there were 5,231 attendances. The In-patients numbered 294.

**HOMŒOPATHIC HOSPITAL AND DISPENSARY.**—135 patients were admitted and treated in the In-patients' department of this hospital during 1920, and Out-patients made 4,168 attendances at the Dispensary during the year.

**PROVIDENT DISPENSARY.**—1484 members, of which 975 are above the age of 16, and 519 are under that age.

**DISTRICT NURSING ASSOCIATION.**—The number of cases undertaken in 1920 was 477 ; the Superintendent and Nurses of the Association paying 13,088 visits during the year. The Association now has a nurse who attends Maternity cases, a step which is of great advantage to the town, ensuring as it does, the attendance of a skilled midwife and nurse, available for small fees.

**THE TUNBRIDGE WELLS AND DISTRICT PUBLIC DENTAL SERVICE.**—During 1920 1,624 new patients were treated and the total of attendances was 4,977.

The local branch of the **ROYAL SURGICAL AID SOCIETY** continues to do valuable work ; 857 patients, of whom 475 were women and children, were supplied with 1,068 appliances ; and, in addition, 555 Special Letters, representing a sum of £145 15s. 9d., were distributed in urgent cases during the year 1920.

**THE CHARITY ORGANISATION SOCIETY** during the year



dealt with 97 cases and disbursed in pensions and for special cases the sum of £580 13s. 7d.

THE INVALID CHILDREN'S AID BRANCH of this Society gave assistance amounting to £60 14s. 0d. to 26 children during the year.

I take this opportunity to express my thanks to the Secretaries of the various Societies for furnishing the above information.

## **B.—SANITARY CIRCUMSTANCES OF THE DISTRICT.**

### *Water.*

The water supply of Tunbridge Wells is a constant one, drawn from springs and Artesian wells, and as these springs are situated in unfrequented woodland areas, in which inhabited buildings are few and distant, the risk of pollution is well guarded against. For roughly one half of the year the supply of water from the springs suffices for the Borough requirements. During the remaining portion of the year Artesian bore wells, six in number, give an ample and pure supply of water to supplement the flow from the springs. The Artesian wells are situated at Pembury, where there is a large reservoir, capable of holding 42,000,000 gallons. The iron contained in solution in this deep well water is effectively removed by the use of Candy Oxidising Pressure Filters, six in number.

The Artesian wells are bored through the Wadhurst clay and take their water supply from the Ashdown sands; the nearest point at which the Ashdown sands reach the surface is some miles distant from the bore wells. The water enters six open filter beds at Pembury, having an area of about one acre.

Recent analyses, made by the Borough Analyst, read as follows :—

BACTERIOLOGICAL ANALYSIS.						
Description of Sample.	No. of organisms per cubic centimetre capable of growing.		B. Coli Communis Presumptive Test.			
	On standard gelatin in 4 days at 22° C.	On standard Agar-Agar in 24 hours at 37°—38° C.	100. c.c.	50. c.c.	50. c.c.	1. c.c.
From 15in. Main in Pembury Road on 6 Dec., 1920 ...	10	0	—	—	—	—

### Chemical Analysis.

<i>Determination.</i>	<i>Parts per 100,000.</i>
Free and Saline Ammonia ...	None.
Albuminoid Ammonia ...	0.0020
Oxygen absorbed } in 15 minutes...	0.0049
at 80 deg. F. } ,, 4 hours ...	0.0112
Nitric Nitrogen ...	0.29
Chlorine ...	2.6
Equivalent to Sodium Chloride	4.3
Total Solid Matter (dried at 180° C.)	23.0
Temporary Hardness ...	4.2
Permanent Hardness ...	None.
Appearance in two foot tube ...	Colourless and clear.
Metals (Lead, Copper, Zinc, Iron)...	Trace only of iron.

It will be observed that the iron contained in solution in the sample, which was taken from the 15in. main in Pembury Road, is reduced to a trace, and that the general results indicate that the water is remarkably pure.

There are approximately 100 miles of water mains in the Borough. The average daily supply per head is 24 gallons, and during the year 17 additional houses were supplied with town water.



RIVERS AND STREAMS.—All the water courses in the Borough are small in volume, and periodic inspections of these showed them to be in a satisfactory state.

*Drainage and Sewerage.*

The Borough sewage drains towards two Sewage Farms, one at the northern end of the town and the other at the southern. The North Sewage Farm is 187 acres in extent, and the South Farm 197 acres. At the South Farm a portion of the sewage is dealt with by means of percolating bacteria beds. Analysis of the sewage effluents of both farms are frequently made and give satisfactory results.

A portion of the sewage, mainly from the northern slopes of the ridge Mount Ephraim and Rusthall, is dealt with by pumping across to join the sewage which proceeds to the Southern Farm.

MAIN SEWERS, NEW HOUSES, ETC. — The Borough Surveyor informs me that main sewers in the following streets have been

*Re-laid.*—Little Mount Sion, Forest Road (Extension), Denny Bottom (part of Stormwater relaid), Belgrave Road, Goods Station Road, Meadow Road (part of).

*Repaired.*—Mount Pleasant Road, Norman Road, Warwick Park, Vale Road, Beech Street, Linden Park, Prospect Road, Northern Outfall, Grove Hill Road, Dukes Road, Chilston Road, St. John's Road.

All flat gradients are flushed periodically from manholes.

Fourteen road gullies have been repaired or rebuilt.

*Closet Accommodation and Scavenging.*

There are no privies in the Borough and a very small number of earth closets, chiefly in connection with gardeners' cottages in outlying districts. Water closets are gradually being modernised, but there is still in existence a large number of the boxed-in type, now being replaced wherever possible by pedestals.

There are a few isolated houses draining into cesspools ; these are emptied by the owners at special hours, as required by bye-laws ; the emptying and disposal is superintended by the Sanitary Staff.

Re-constructions of house drains and sanitary fittings are supervised by the Sanitary Staff.

There are in the town about 9,800 W.C.'s with water laid on, about 60 hand flushed, and about 40 pail earth closets. There are no vault or privy middens or waste water closets. There are about 43 houses whose occupants share W.C. accommodation with others.

Domestic house refuse is collected and removed in covered carts from all premises about once a week and at a few places where necessary a daily collection is made. The refuse is conveyed to refuse tips situated at the High Brooms Bricks Works Pit, the Forest Brick Works, and near the Rusthall Allotments.

It is well to bear in mind that the system of tipping refuse is far from satisfactory, as the tips, even when well attended to, breed large numbers of flies and give rise to unpleasant odours which carry for long distances when the wind is blowing from them towards adjacent houses. A refuse destructor is a much more satisfactory arrangement for promoting cleanliness and health.

### **Sanitary Inspections of District.**

103 houses, drains and sanitary fittings have been inspected ; six Statutory notices and 42 informal notices have been issued.

The Chief Sanitary Inspector and his two Assistants have, as usual, had a full year's work in hand, and the following Table gives a summary of their activities in certain directions :—

166	Complaints received and investigated.
6	Premises in respect of which statutory notices have been served.
42	Premises in respect of which informal notices have been served.
103	Houses, drains and sanitary fittings inspected.
501	Visits of re-inspection or to work in course of progress.
2	Drains re-constructed.

- 12 Drains repaired.
- 17 Choked drains cleared and cleansed.
- 12 Inspection chambers constructed.
- 8 Inspection chambers repaired.
- 7 Drain ventilation shafts erected or repaired.
- 1 Soil pipes erected.
- 2 Soil pipes repaired.
- 12 W.C.'s re-constructed and provided with flushing apparatus.
- 9 Flushing apparatus repaired.
- 12 Efficient traps substituted for inefficient ones.
- 18 Rain-water and waste pipes disconnected from drains or repaired  
and made to discharge over properly trapped gullies.
- 10 Yards and areas paved or paving repaired.
- 3 New w.c. buildings and apparatus constructed.
- 14 W.C.'s cleansed and repaired.
- 5 New sinks provided.
- 4 New lavatory basins provided.
- 13 Old sinks provided with new waste pipes.
- 24 Eaves gutters repaired.
- 19 Windows repaired.
- 6 Floors repaired.
- 20 Air inlets under floors provided.
- 25 Roofs repaired.
- 2 Rooms ventilated to the outer air.
- Food cupboards ventilated to the outer air.
- New food cupboard provided.
- 17 Houses provided with sufficient supply of water.
- Samples of water submitted for analysis.
- 40 Rooms cleansed and limewashed.
- 8 Dustbins provided or repaired.
- 43 Various improvements.
- 71 Hours' observation work.
- 80 Special inspections of back yards and premises.
- 121 Inspections of stable yards and manure pits.
- 9 Offensive accumulations removed.
- 4 Pigs removed.
- Stables paved and drained.
- 41 Visits *re* destruction of rats.
- 78 Inspections of slaughter houses.
- 91 Inspections of cowsheds, dairies, and milkshops.
- 31 Inspections of common lodging houses.
- 461 Inspections of food shops.
- 119 Parcels of food examined.
- 7761 lbs. food unfit for human consumption seized and destroyed.
- 178 Visits, interviews, etc., *re* work to be carried out.
- 34 Special inspections of urinals at licensed premises.
- 7 Workrooms limewashed.
- 3 Workrooms measured up for air space.
- 204 Visits to workshops.

#### Works carried out under the Infectious Diseases Acts during 1920.

- 225 Visits to infected houses.
- 177 Rooms disinfected.
- 5625 Articles of clothing disinfected.
- 1 Load of bedding removed to the steam disinfecter and returned  
to the respective owners.
- 1 Visit to disinfect public buildings.
- 2 Visits to disinfect St. John Ambulance and private vehicles.
- 1 Visit to disinfect wards at Sanatorium, General Hospital, etc.
- 2 Loads of bedding destroyed.
- 1 Visit to Sanatorium to disinfect clothing, etc.
- 3 Visits to flush W.C.'s and drains.



SANITARY CERTIFICATES.—Sanitary Certificates applied for properties produced fees amounting to £32 12s. 5d.

*Premises and Occupations which can be controlled by bye-laws and regulations.*

DAIRIES AND COWSHEDS. — At the end of 1920 there were 73 persons on the register, namely, 16 owners of cowsheds, 10 of dairies and 47 of milkshops or as purveyors. 91 inspections have been made in order to see that the bye-laws are complied with, several cases of neglect to lime-wash, or to remove manure owing to shortage of labour, were dealt with and remedied. A number of visits were paid by the Medical Officer of Health, all the cowsheds being inspected and some of the dairies.

SLAUGHTER HOUSES.—There are six private slaughter houses in the town, namely, five that were established before 1847 and are simply registered, and one which was built during 1907, and is licensed annually.

Frequent inspections (78) have been made of these premises both by day and night, in order to inspect so far as possible the carcasses of animals slaughtered, to see that offal was promptly removed and cleansing and limewashing carried out in accordance with the bye-laws.

The five registered slaughter houses are old buildings and in three instances in close proximity to dwellings, and for this reason are somewhat objectionable, but, however this may be, the owners must be given credit for having kept them in a cleanly condition.

COMMON LODGING HOUSES.—There are three on the register (one exclusively for women and children) providing accommodation for eighty-six persons. Thirty-one visits have been made to see that lime-washing and cleansing was carried out in compliance with the bye-laws. No case of notifiable infectious disease occurred in any of the houses.



SCHOOLS.—The drainage of the Elementary Schools of the Borough discharges in sewers, with one exception, viz.: Rusthall Boys' School, which discharges to cesspools. The water supply is, in every instance, taken from the main.

One School closure and in another instance a Class closure took place in order to prevent the spread of measles.

A number of visits were paid to the Schools by the Medical Officer of Health subsequent to the occurrence of cases of infection, and wherever necessary specimens from contacts or from suspicious cases were examined in the bacteriological laboratory.

The School Medical Officer's Report is embodied in this Annual Report.

### C.—FOOD.

*Administration in connection with the Public Health (Milk and Cream) Regulations, 1912.*

MILK SUPPLY.—Forty-seven samples of milk were submitted to the Public Analyst and the results are reported in a table which follows on page 32.

MILK (MOTHERS' AND CHILDREN'S) ORDER, 1919.—6,613 pints of milk were granted free of charge to 151 applicants during 1920. At my request, as your Medical Officer for administering this Act, a Sub-Committee of the Maternity and Child Welfare Committee was appointed to consider applications. Meetings were held weekly at the Health Offices and applicants were then interviewed. A scheme has recently been propounded by the Ministry of Health requiring arrangements similar to those which have been in use in the Borough since 1st March, 1920, to be put into force throughout the country. All available safeguards against fraud were taken, and in only one case was it found that milk had been given where the recipient could well afford to give it at his own cost; in this case the money was refunded.

MEAT.—There is no Public Abattoir.

SALE OF FOOD AND DRUGS ACTS, ETC., AND FOOD INSPECTION.—Ninety-six samples of food were submitted to the Public Analyst and reported upon as follows:—

Description of Samples.	No. of Samples.	Analyst Report.	Result of Proceedings.
Milk ... ..	45 1 No. 91 1 No. 94	Genuine 4% extraneous water 11% extraneous water	Vendor cautioned Vendor prosecuted and fined 40s. including costs.
Butter ... ..	13	Genuine	
Honey ... ..	6	„	
Jam ... ..	16	„	
Cornflower ...	4	„	
Coffee ... ..	2	„	
Coffee & Chicory ...	2	„	
Mustard ... ..	2	„	
Mustard Condiment	4	„	

Sample No. 45 returned as containing 4% of extraneous water, was high in milk fat, being 3.79.

The average solids of the 47 milks submitted (including the two returned as adulterated) were as follows:—

Milk fat 4.37, Non-fatty solids 8.85 (a satisfactory average).

All the samples were submitted to the Public Analyst by the Chief Sanitary Inspector (James Cave), who is the officer specially appointed to carry out the provisions of the Acts. Fifteen of the samples were formal, the remainder informal; series sampling by the service of deputies was generally employed. No action was taken under the Margarine Act, 1887, the Butter and Margarine Act, 1907, or the Public Health (Milk and Cream) Regulations, 1912-1917.

OTHER FOODS.—Three and a half tons of food were seized and dealt with as follows :—Beef, 3885 lbs. ; Mutton 1,229 lbs. ; Lamb, 845 lbs. ; Liver, 159 lbs. ; Veal, 634 lbs. ; Tripe, 67 lbs. ; Rabbit, 286 lbs. ; Chicken, 53 lbs. ; Eggs, 512 lbs. ; Tinned Fish, 9 lbs. ; Tinned Meat, 6 lbs. ; Tinned Corned Beef, 127 lbs. ; Kippers, 14 lbs. ; Tinned Milk, 122 lbs. ; Kidney, 90 lbs. ; Brawn, 7 lbs. ; Cake, 6 lbs. ; Butter, 2 lbs. ; Hock Bacon, 7 lbs. ; Herrings, 100 lbs. ; Tomatoes, 111 lbs.

No action was taken beyond seizure, no attempt having been made to sell the goods for human consumption.

#### **D.—PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.**

A summary will be found on the opposite page of the notifiable infectious diseases which occurred during each month of the year, 1920. 293 cases were notified during the year.

Seasonal Incidence of Acute Infectious Diseases, 1920.

Month.	Scarlet Fever.	Diph- theria.	Enteric Fever.	Erysipelas	Ophthal- mia Neona- torum.	Puerperal Fever.	Cerebro- Spinal Fever.	Acute Polio- myelitis.	Encephal- itis lethargica.	Pneu- monia.	Malaria.	Dysentery
January ...	13	13	—	1	—	1	—	—	—	1	1	—
February...	5	6	—	2	—	—	—	—	—	9	—	—
March ...	15	7	—	2	—	—	—	—	—	30	1	—
April ...	8	5	2	4	—	—	—	—	—	8	—	—
May ...	11	3	—	1	—	—	—	—	—	11	2	—
June ...	5	5	1	—	—	—	—	—	—	5	2	—
July ...	6	4	—	2	1	—	—	—	—	3	—	—
August ...	4	3	—	—	—	—	—	—	—	1	1	—
September	7	2	—	1	—	—	—	—	—	6	—	—
October ...	12	3	1	3	—	—	—	—	—	2	—	—
November	10	9	—	1	1	—	—	—	—	5	—	—
December	11	4	—	2	—	—	—	—	1	5	2	—
Total ...	107	64	4	19	2	1	—	—	1	86	9	—



**Scarlet Fever.**—There were 107 cases of this disease during the year, the largest number occurred during the month of March. Two deaths occurred, one being due to heart failure following Influenza, which the patient had suffered from a week prior to contracting Scarlet Fever. In the other case there had been an attack of Measles followed by Bronchial Pneumonia commencing two days after the Scarlet rash appeared. There were two return cases.

**Diphtheria.**—There were 64 cases during the year 1920, and three deaths occurred, two in the first week in January, and one in March. One of the former was infected in London where he resided, and came to Tunbridge Wells for a week-end holiday, his throat being sore at the time. The mortality amongst the cases was 4.7 per cent., as compared with the average of 7.1 per cent. over the past ten years.

The arrangements made by the Corporation for dealing with Diphtheria are as follows :—

(1.) Anti-toxin is supplied free of charge to any medical man who has a suspicious case of diphtheria.

(2.) Specimens are examined for the Diphtheria Bacillus by myself as Medical Officer of Health, and I am thus in a position to take immediate steps to deal with any case found positive.

(3.) It is my practice to visit the house and arrange personally about moving the case to hospital ; I thus have an opportunity of tracing any source of infection amongst members of the family and of arranging steps to prevent spread of infection until the inmates of the house can be certified as clear.

In addition to the above cases it was considered advisable in the interests of others to isolate sixteen carriers of Diphtheria germs at the Sanatorium until cultures showed them to be free from infection.

**Comparison of the Fatality, Incidence, and Mortality of Diphtheria  
in Different Years.**

Year.	Estimated Population	No. of Cases.	Deaths Registered	Fatality per cent.	Attack- Rate per 1,000 Population	Death- Rate per 1,000 Population	Rainfall in inches.
1890	28,148	20	5	25.0	0.71	0.18	—
1891	27,984	16	4	25.0	0.57	0.14	—
1892	28,345	24	5	20.8	0.85	0.17	—
1893	28,705	41	9	21.9	1.40	0.31	26.05
1894	29,065	40	5	12.5	1.37	0.17	36.58
1895	29,535	44	8	18.2	1.49	0.27	26.69
1896	29,895	67	14	20.9	2.24	0.46	30.07
1897	30,255	117	10	8.5	3.86	0.33	27.65
1898	30,615	278	31	11.2	9.07	1.01	23.39
1899	30,975	120	7	5.8	3.87	0.23	28.10
1900	31,335	82	3	3.6	2.61	0.10	31.28
1901	33,443	31	1	3.2	0.92	0.03	24.84
1902	33,773	23	2	8.7	0.68	0.06	25.19
1903	34,073	9	0	0.0	0.26	0.00	42.41
1904	34,373	12	1	8.3	0.34	0.03	29.32
1905	34,673	17	0	0.0	0.49	0.00	27.05
1906	34,973	10	0	0.0	0.28	0.00	32.74
1907	35,273	27	6	22.2	0.76	0.17	28.55
1908	35,573	29	2	6.9	0.81	0.06	29.53
1909	35,873	11	3	27.3	0.31	0.08	35.14
1910	36,173	15	1	6.6	0.41	0.03	35.14
1911	35,778	69	8	11.6	1.92	0.22	35.19
1912	36,038	91	10	11.0	2.52	0.28	38.18
1913	36,298	129	4	3.1	3.5	0.11	...
1914	36,460	154	1	0.6	4.2	0.03	30.91
1915	33,430	83	5	6.0	2.5	0.15	35.15
1916	32,316	53	7	13.2	1.6	0.22	35.69
1917	30,751	40	1	2.5	1.3	0.03	31.38
1918	32,297	23	1	4.3	0.8	0.03	28.95
1919	35,859	57	7	12.3	1.6	0.20	29.23
1920	35,795	64	3	4.7	1.7	0.08	25.13

**Enteric Fever.**—There were four cases notified during the year, one being Typhoid and three Para-Typhoid cases. Two of these were patients in hospital who had come in from Crowborough as cases of suspected Influenza, a third case was infected in Spain, the fourth, a Para-Typhoid, was not definitely traced.

**Puerperal Fever and Ophthalmia Neonatorum.**—One case of Puerperal Fever and two of Ophthalmia Neonatorum were notified in 1920, and all made good recoveries.



**Malaria.**—Nine fresh cases of Malaria were notified during the year. A number of persons notified during 1919 have recurrent attacks at intervals. I therefore, consider it useful to repeat the warning published in last year's report that the mosquito *Anopheles Maculipennis* exists in Tunbridge Wells. This insect is a Malaria carrier and can be recognised by the long fine central proboscis protruding from its head, and its spotted wings, and also from its habit of resting at an angle to the wall or ceiling, *i.e.*, with its nose to the wall and not parallel with the wall like the common house mosquito or the housefly. Its favourite resting-place during the summer months, when it sucks human blood, is a dark corner of the ceiling during the day-time, when it seldom or never bites, but at dusk and during the night it becomes active until it has fed. In the winter months the female (which alone sucks blood, the male being harmless in this respect) lives chiefly in the roof, thatched or otherwise, of ill-ventilated stables, descending occasionally at dusk to feed on the blood of the horses. I give these details because this insect can, by biting a person in the feverish stage of malaria, become infected with malaria parasites, which some 16 to 20 days later are in the salivary glands of the mosquito, and on its biting a healthy person at this stage that person in turn becomes infected by the malaria parasite and will some twelve days later have his first attack of fever. The distribution of this insect in the Borough is a matter for further inquiry, and I shall welcome the bringing, for purposes of identification, to the Health Offices of any insects which are killed in the Borough on suspicion of being Anophelines. Note should be taken of the date, time and place at which such insects are killed.

**Encephalitis Lethargica.**—One case of this disease was notified, the victim being an elderly visitor to the borough who succumbed after a lengthy illness.

**Measles and German Measles.**—These diseases were not

prevalent to any great extent. Exact figures cannot be quoted as these diseases ceased to be notifiable at the end of 1919.

**Influenza and Pneumonia.**—Seventeen deaths occurred from Influenza, nine of these being in the first quarter of the year. 86 cases of Pneumonia were notified during the year and 24 deaths occurred.

*Precautions taken on occurrence of Infectious Disease.*

Notices were sent to both day schools and Sunday schools, informing the Superintendents of infection in the case of children attending from schools and requesting them not to allow the attendance of scholars from the house for a stated period. Notices were also sent to public libraries so as to obviate infection by means of books returned from infected houses. Schools and libraries were again notified when it was presumed the houses were free from infection. Premises which were the site of infection were inspected, the drains and sanitary fittings were tested when the infection was such that it might be due to sanitary defects.

*Non-notifiable Infectious Diseases.*

Most of these are heard of by Head Teachers of schools, who report immediately to the School Medical Officer. The school nurses visit the house and exclude from school for the necessary period both the actual sufferers from the disease and such contacts as it is desirable to exclude.

*The Zymotic Death-rate.*

That is the number of deaths per thousand of the population due to the Zymotic diseases mentioned in the following table. The death-rate for 1920, is 0.3.



## MORTALITY FROM ZYMOTIC DISEASES FOR TEN YEARS.

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920
Scarlet Fever ... ..	0	0	0	0	0	0	0	0	0	2
Enteric Fever ... ..	1	1	0	0	0	0	1	1	0	0
Erysipelas ... ..	0	0	1	0	2	0	2	0	1	1
Diphtheria and Mem- branous Croup ... ..	8	10	4	1	5	7	1	1	4	2
Diarrhoea & Enteritis..	18	2	2	4	4	5	1	0	1	2
Small-pox ... ..	0	0	0	0	0	0	0	0	0	0
Measles ... ..	3	1	0	8	1	1	2	10	0	1
Whooping Cough ... ..	8	0	2	21	3	5	0	6	1	1
Total number of deaths from Zymotic Diseases	38	14	9	34	15	18	7	18	7	9
Percentage upon deaths from all causes ... ..	9.1	3.5	2.4	6.7	2.7	3.7	1.5	3.3	1.5	2.0
Zymotic Death Rate per thousand living ...	1.0	0.3	0.2	0.9	0.4	0.5	0.2	0.6	0.2	0.3

**Tuberculosis.**—The number of cases of this disease notified in 1920, viz.:—42 Pulmonary, 15 other forms, totalling 57 cases, has slightly increased in comparison with the year 1919, the death-rate, however, has diminished. As usual the majority of the sufferers are persons of young adult life.

## Deaths from Tuberculosis During the Last 5 Years.

Year.	Estimated Population	Phthisis.	Phthisis Death-rate	Other Forms of Tuber- culosis.	Totals.	Tuber- culosis Death-rate	Average Tuber- culosis Death-rate.
1916	32,316	27	0.87	12	39	1.24	1.27
1917	30,751	33	0.97	11	44	1.40	
1918	32,297	38	1.11	17	55	1.64	
1919	34,423	30	0.87	10	40	1.16	
1920	35,795	21	0.59	12	33	0.92	

I attach a table which expresses the average death-rate for periods of five years since 1890.

1890 to 1894	-	Average 1.77 per 1,000 of population.				
1895 to 1899	-	„	1.60	„	„	„
1900 to 1904	-	„	1.24	„	„	„
1905 to 1909	-	„	1.18	„	„	„
1910 to 1914	-	„	1.00	„	„	„
1915 to 1919	-	„	1.13	„	„	„
1920	-	„	0.92	„	„	„

A steady decrease in mortality interrupted only by the circumstance of the great war has now been resumed.

The arrangements for dealing with cases of Tuberculosis are under the control of the Kent County Council. A Tuberculosis Dispensary exists at No. 34, Calverley Street, the Medical Officer attending to see patients on Mondays at 5.15 p.m. and Thursdays at 2 p.m. o'clock.

The procedure adopted by this Department on receipt of a primary notification is, in the first place to send a leaflet recommending precautions to prevent the spread of infection, and subsequently a member of the staff calls at the house to intimate that in the event of any change of address, immediately on notice being given, the room which has been occupied by the patient will be disinfected. Personal visits are paid by the Medical Officer of Health in the event of cases occurring in neighbourhoods in which it seems desirable to investigate the surroundings, and where circumstances seem to demand it, further visits are paid from time to time. In the event of death occurring, disinfection is undertaken, and further measures are recommended if necessary, *e.g.*, the stripping of the walls of the room, etc.

**Veneral Diseases.**—The arrangements for treatment are in the hands of the County Council. The Borough Health Department has facilitated the work by co-operating as far as its opportunities have allowed; for instance, posters prepared by the County Medical Officer have been placed in

suitable positions giving information as to treatment centres in the county and the hours of attendance at these. A few examinations of specimens have been made in the Borough Laboratory, and persons applying for information have been assisted in every way.

### **E.—MATERNITY AND CHILD WELFARE.**

**1. Midwives Act, 1912-1918.**—Inspection of Midwives is under the control of the Kent County Council. Transference of this supervision to the local Health Department would be of undoubted benefit in administering the Maternity and Child Welfare Act in the Borough.

**2. General arrangements made for attending to the health of expectant mothers and children under five years of age.**—The record of the Infant Welfare Centre work is one of continued success throughout the year 1920. The infant Clinic was held weekly in the basement of the Health Office, pending the settlement of the long discussed question of where the Welfare Centre could most conveniently be established. Despite the disadvantageous conditions under which the Clinic had to be conducted—no shelter for perambulators, lack of free ventilation, etc.,—the numbers attending frequently proved embarrassing. The truth is that the teaching of the hygiene of infancy, including advice as to hours of sleep, feeding, practical demonstrations of making baby-clothing, and the hundred other things of infancy upon which a mother needs advice, is fulfilling a long felt want, and none of our citizens can now say that their children have not a chance of a healthy upbringing. The education is novel, is open to all, and has come to stay.

The search for suitable premises, so long pursued, resulted in the selection of Nos. 5 and 6, Calverley Parade, but in turn these premises are unfortunately lost, owing to the urgent representation of the Finance Committee that the selection of premises should be postponed for another year.



We are therefore constrained to carry on the work of a Centre, without a Centre, for a further period. The Borough's real need is, in my opinion, a Centre consisting of a residence in which three cots for ailing infants should be available ; and with a department which would be open all the week for consulting the Maternity and Child Welfare Nurses, and at which, on stated dates, the Medical Officer would attend for advice and consultation. The total attendances of mothers and babies recorded at the weekly afternoon meetings at the Health Offices, in 1920, were 2,996, and the average number per meeting was 58. In addition, the ladies of the St. John Ambulance Brigade, Rusthall Branch, generously resolved to fill the gap at Rusthall, by establishing a Centre to meet there once weekly. This was started on September 3rd, 1920, and has saved mothers from Rusthall and Denny Bottom, where a hundred infants were born in 1920, many a weary trudge into Tunbridge Wells to the Health Office. By the end of the year 57 mothers and children made 171 attendances. The total number of attendances at both centres were therefore 3,167. You have given the services of your Medical Officer and Maternity and Child Welfare Nurse, but no contribution was made from the rates towards this Centre for the year, as the ladies of the Brigade had a sufficient fund, together with Government grant, to equip and start the work without expense to the ratepayers.

The record of the year is one in which the members of the Maternity and Child Welfare Committee may well take pride, and which will, I hope, inspire them with fresh confidence for the future.

We cannot hope to attack in satisfactory manner the problem of keeping the children between one year and school age under supervision until the services of another trained Child Welfare Nurse are obtained. The running of the two weekly Clinics and giving of daily advice, and the home visitation of infants, so fully occupy the time of one nurse that it has not been possible to keep in touch with many



children of between one and five years and with expectant mothers. With two nurses to undertake the work from expectant motherhood up to school age, and with two nurses for school work, as at present, it would be possible to continuously supervise and advise parents upon the health of their children from the unborn babe up to the age of leaving school.

The following is a record of the work done by the Maternity and Child Welfare Nurses during the year 1920 :—

Visits to Expectant Mothers	...	...	...	133
First visits to births	...	...	...	595
Re-visits to children under one year of age	...	...	...	1,948
Visits to children over one year and under five years	...	...	...	1,394
Visits to homes where infants have died under one year of age	...	...	...	100
Visits to still-births	...	...	...	24
Visits to infectious cases generally	...	...	...	48
Visits to cases of Ophthalmia Neonatorum	...	...	...	15
Visits to Tuberculous cases	...	...	...	30
Total number of visits				4,287

It should be remembered that the work was carried out by the two school nurses until Miss English was appointed Maternity and Child Welfare Nurse, in June, 1920 ; consequently the figures for the early part of the year were small in comparison with those dating from Miss English's appointment.

On 12th November, the Rusthall Centre was inspected and approved by a representative of the Ministry of Health.

I should like here to pay tribute to the valuable work done by the several ladies who have given thier voluntary services in attending departments of the work at the main Centre in Tunbridge Wells, and also to those ladies who have helped to make the Rusthall Clinic run so pleasantly and smoothly.

**3. Co-ordination of the School Medical Service.**—The same Medical Officer is Medical Officer for the Elementary Schools and the Maternity and Child Welfare Centre and it is hoped that when premises are obtained for Maternity and Child Welfare work these will be either under the same roof with or sufficiently near to the School Medical Centre to allow of easy transit from one to the other.

## **F.—SANITARY ADMINISTRATION OF THE DISTRICT.**

There are a Chief Sanitary Inspector and two Assistant Inspectors of Nuisances engaged in sanitary work. There is a night attendant, who assists with disinfection of premises, and also receives specimens after office hours and prepares media for use in the Laboratory.

**Hospital Accommodation.**—The Borough has its own Fever Hospital, with seven acres of ground, situated some 500 feet above sea level, in the Frant Forest neighbourhood, almost at the southern boundary. The site is an excellent one, airy and open with a southern exposure and wide view over valleys and woodland. There are 57 beds for the treatment of infectious diseases, but it should be remembered that part of the staff has to be accommodated in one ward-block, owing to the accommodation of the administrative block being very restricted. Plans for its enlargement were made and sanction for a loan for this purpose from the Local Government Board was obtained in 1914, but war conditions have hitherto hindered the carrying out of this necessary improvement. It is to be hoped that this will be put in hand at as early a date as possible. As regards the staff, there is a general-trained and fully qualified Matron, and one sister also general-trained, in addition to a varying number of nurses. The Medical Officer of Health is the Medical Officer to the Institution. All cases of Scarlet Fever and, with two exceptions, Diphtheria which were notified during the year were treated in the Isolation Hospital.

Provision is made for possible cases of Small Pox or Plague at the Dislingbury Hospital, Capel, which has 20 beds. It is a joint hospital under the administration of a Board representing Tunbridge Wells, Tonbridge and Southborough. No cases occurred in Tunbridge Wells in 1920.

**The Tunbridge Wells Improvement Act, 1890.**—Of this Act, parts 2, 3, 4, 6, 7, and 12 have been adopted. These sections deal with Water Supply, Sanitary Provision of Buildings and Streets, Common Lodging Houses, Infectious Diseases, Slaughter Houses and Public Baths. Of the Public Health Amendment Act, 1907, the following sections have been adopted: Sections 1-14, part 2; Sections 17, 21-24, 26-30, and 31-33.

**Chemical and Bacteriological Work.**—There is a well-equipped laboratory in the Health Office in which specimens are examined as required by the Medical Officer of Health. A record of work done in this laboratory during 1920 is as follows :—

#### BACTERIOLOGICAL EXAMINATIONS.

	Positive.	Negative.	TOTAL.
Examination of Swabs for the presence of Diphtheria. Out- side ... ..	106	849	955
Ditto.—Isolation Hospital ...	253	371	624
Examination of Hairs for Ring- worm ... ..	57	16	73
Blood for Widal test for Typhoid of Para-typhoid Fever ...	—	6	6
Cerebro Spinal Fluid ... ..	—	2	2
Urine ... ..	—	1	1
Sputum for Tubercle Bacillus...	—	1	1
	416	1246	1662
Blood or Pus for various organisms			10
Total examinations for year			1672



Chemical tests of water and foodstuffs were performed by the Public Analyst, and these are reviewed either under the Food and Drugs Act, or have already been referred to under the remarks upon water and sewage effluent.

## G.—HOUSING.

**1. General Housing Conditions.**—The total number of houses in the district is 9,029, the number for the working classes being 4,557 (viz. : at a rateable value of £20 or under). The population, apart from the annual influx of summer visitors is nearly stationary, nor is any important change anticipated in the near future.

**2. Overcrowding.**—During the year three cases of overcrowding were investigated and corrected. There are a few hundreds of houses occupied by two families, leading in some instances to overcrowding of individual sleeping-rooms. In at least two instances premises over stables unsuited for occupation by families are so occupied owing to the lack of alternative accommodation.

The Housing Scheme of the Corporation only goes a very little way to relieve the shortage of houses in the town and does little or nothing to relieve the overcrowding in the poorest houses, where there is as a contributory cause the inability to pay rentals for portions of larger premises, even if these were available.

**3. Fitness of Houses.**—The general standard of houses in the district is good and such defects as have been found to exist have been minor in character. One hundred and three house drains and sanitary fittings were inspected by the Sanitary Staff, apart from the Medical Officer of Health's personal visits to houses reported by the Health Visiting Staff as being in a dirty condition.

The demolition of three houses in Hervey Court, ordered in 1914, was completed in 1920. No fresh closing orders or demolition orders were made during the year. Six



Statutory Notices and forty-one Informal Notices were served during the year.

A table is given on page 28 detailing the Sanitary Inspectors' work.

**The Factory and Workshop Acts.**—Two hundred and four visits of inspection were made during 1920, and 15 written notices of defects were sent, all being remedied.

The following workshops were on the register at the end of the year 1920 :—

Bakehouses	...	...	42
Dressmakers and Milliners			61
Tailors	...	...	23
Laundries	...	...	43
Various	...	...	77
			-----
Total number on register...			246
			-----

## APPENDICES.

### HOUSING CONDITIONS.

#### STATISTICS.

Year ended 31st December, 1920.

#### 1.—GENERAL.

(1) Estimated population	...	...	...	...	35,795
(2) General death-rate	...	...	...	...	12.5
(3) Death-rate from Tuberculosis	...	...	...	...	0.97
(4) Infantile mortality	...	...	...	...	62.5
(5) Number of dwelling-houses of all classes	...	...	...	...	8,029
(6) Number of working-class dwelling-houses	...	...	...	...	4,557
(7) Number of new working-class houses erected	...	...	...	...	Nil.

#### 2.—UNFIT DWELLING-HOUSES.

##### I.—Inspection.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	87
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	...	...	34
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	Nil.
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	...	...	55

**II.—Remedy of Defects without Service of formal Notices.**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	42
--	----

**III.—Action under Statutory Powers.****A. *Proceedings under section 28 of the Housing, Town Planning, etc., Act, 1919***

(1) Number of dwelling-houses in respect of which notices were served requiring repairs... ..	Nil.
(2) Number of dwelling-houses which were rendered fit—	
(a) by owners ... ..	Nil.
(b) by Local Authority in default of owners ... ..	Nil.
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil.

**B. *Proceedings under Public Health Acts.***

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	6
(2) Number of dwelling-houses in which defects were remedied—	
(a) by owners ... ..	5
(b) by Local Authority in default of owners ... ..	0

**C. *Proceedings under sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909.***

(1) Number of representations made with a view to the making of Closing Orders ... ..	Nil.
(2) Number of dwelling-houses in respect of which Closing Orders were made ... ..	Nil.
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... ..	Nil.
(4) Number of dwelling-houses in respect of which Demolition Orders were made... ..	Nil.
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	Nil.

**3.—UNHEALTHY AREAS.**

Areas represented to the Local Authority with a view to Improvement Schemes under (a), Part I., or (b), Part II., of the Act of 1890 :—

(1) Name of area ... ..	Nil.
(2) Acreage ... ..	Nil.
(3) Number of working-class houses in area ... ..	Nil.
(4) Number of working-class persons to be displaced	Nil.

4.—Number of houses not complying with the building byelaws erected with consent of Local Authority, under section 25 of the Housing, Town Planning, etc., Act, 1919 ... .. Nil.

5.—Staff engaged on housing work with, briefly, the duties of each officer

The Medical Officer of Health ...	Supervising and Inspecting.
Chief Sanitary Inspector	} Inspecting.
Two Assistant Sanitary Inspectors	

# BOROUGH OF ROYAL TUNBRIDGE WELLS



## EDUCATION COMMITTEE :

The Ven. Archdeacon A. T. SCOTT, M.A. (Chairman).

The MAYOR (Mr. Councillor H. J. WILLMOT).

Mr. Alderman ELWIG.  
Mr. Alderman SILCOCK.  
Mr. Councillor BERWICK.  
Mr. Councillor BLOXHAM.  
Councillor Col. HUNTER, C.S.I.  
Councillor Miss POWER.  
Councillor Miss SCOTT.  
Mr. Councillor STAMFORD.

Mr. Councillor WESLEY SMITH.  
Mr. Councillor THORPE.  
Mrs. ABBOTT.  
Miss ROBERTS.  
The Rev. Canon D. J. STATHER  
HUNT, M.A.  
The Rev. W. USHER, M.D.  
Mr. A. I. KING.

## STAFF OF THE SCHOOL MEDICAL DEPARTMENT :

**Clerk** (*part time*) :

F. HICKS.

**Junior Clerk** (*part time*) :

Miss M. FERMER.

**School Nurses** (*fourth-fifths time*) :

Miss F. CLARK.

Miss H. M. STEVENS.

**School Dentist :**

J. PRICE EVANS, L.D.S., R.C.S.I.

**Ophthalmic Surgeon :**

D. DAVIES, M.B., M.R.C.S., L.R.C.P.

**Assistant to School Medical Officer** (*part time*) :

C. ELLIOTT, M.R.C.S., L.R.C.P.

**School Medical Officer :**

F. C. LINTON, M.A., M.B., CH.B., D.P.H.



# Report to the Education Committee

BY

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.,

*School Medical Officer.*

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Report upon the work of the School Medical Department during the year 1920.

On December 31st, 1920, there were within the area of the Borough no provided schools and 18 non-provided schools, including 26 departments, with recognised accommodation for 5,100 children. The average attendance during last School year was 3,753.

The arrangement of the Report follows the lines of the suggestions made in the Board of Education's Memorandum accompanying Form 6M. of December, 1920.

I am,

Ladies and Gentlemen,

Your obedient Servant,

F. C. LINTON.

### STAFF.

Upon my application, you arranged for assistance in the work of School Medical Inspections. Dr. C. Elliott was appointed to undertake not more than a thousand inspections per annum.

The work of the School Medical Centre, which is open daily, was carried out, as hitherto, by myself, as were also the remaining School medical inspections under the Code groups, and all re-inspections in schools.

The Health Department Clerk, Mr. Hicks, recommenced his duties upon 10th February, 1920 ; having been released from military duties after an absence dating from the outbreak of war.

Miss Riddle and Miss Oram, the two School Nurses, terminated their services at the close of the year 1920.

The number of children medically examined exceeds that of any previous year.

### CO-ORDINATION.

(a). **Infant and Child Welfare.**—The School Medical Officer is also the Medical Officer responsible for Child Welfare under the Maternity and Child Welfare Act. The Maternity and Child Welfare Nurse and the two School Nurses are under the School Medical Officer's direct control, and co-ordination of the work is therefore good. There is also a proposal, unfortunately postponed until the coming year owing to financial stringency, to take a suitable building in which the School Medical Centre and the Maternity and Child Welfare Centre will be under the same roof.

(b). **Nursery Schools.**—There are no Nursery Schools in the Borough.

(c). **The Care of Debilitated Children under School Age.**—Debilitated children under school age were assisted under

the Milk (Mothers' and Children's) Order, 1918, or in cases requiring change of air, were referred to the Invalid Children's Aid Society, who have helped both school children and younger children when requested.

## **THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.**

**School Hygiene.**—The hygienic condition of some of the school buildings leaves much to be desired with regard to ventilation, lighting, warming and equipment. Sanitation is on the whole good, but arrangements for drying children's clothes and boots, or for the proper housing of these in cloak rooms, are unsatisfactory.

**Medical Inspections.**—Three age groups were inspected, viz. :—Entrants, Intermediates (8 to 9 years of age), and Leavers (12 years of age and upwards). (See Table I. at end of Report.)

The Board's Schedule of Medical Inspection was completely followed.

Crippling defects were ascertained, either through the School teachers, at Medical inspections, or at the School Medical Centre.

Inspections were invariably made in the afternoons, 25 children being arranged for at each session.

## **FINDINGS OF MEDICAL INSPECTIONS.**

**Uncleanliness.**—This still exists to a greater degree than it should in some schools. In a few instances the personal care and devotion of the Head Teacher has done much to effect improvement. A large proportion of children, however, is found to have either head vermin or their eggs present in the hair. Many parents assume that because they have used ointment or lotion, all the eggs



attached to the hairs are killed, but this belief is far from being correct. Nothing but vigorous co-operation between Teachers, School Nurses and School Medical Officer can materially reduce the proportion of nit-infested heads. Instructions are given to all parents of children so infested, both by leaflet and by home visiting, as to the best method of getting rid of the vermin, whose presence accounts for a considerable amount of absence from school. During the course of the Nurses' special visits for inspections and re-inspections of heads in schools, vermin or their eggs, or both, were discovered in 1,067 cases. The average number of visits paid to each department was eight. The Local Authority, owing to the lack of accommodation at the School Medical Centre, has as yet made no arrangements for cleansing children. Plans for a Cleansing Station were approved by the Committees concerned, but, owing to financial stringency, were not passed in the Estimates for the present year. Absence of a Cleansing Centre adds greatly to the length of time verminous children have to be kept from school, as attempts to deal with verminous heads and bodies at home are frequently ineffective. It is now seven years since the desirability of establishing a Centre was brought to the notice of the Corporation, and its establishment should be placed in the forefront of the programme for future health work. A vigorous campaign to reduce the number of verminous children, by special attention to the worst cases, has been undertaken since the close of the year by the School Medical Department.

**Tonsils and Adenoids.**—It should be noted that arrangements have now been made with the General Hospital and Eye and Ear Hospital, for the treatment of Tonsils and Adenoids by operation. This arrangement came into force in April, 1921. A larger percentage of cases is thus being treated. In 1920, of cases referred, 38 per cent. received treatment.

**Dental Treatment.**—An extension of the hours of Dental Treatment is also being arranged at present: hitherto three-hour sessions were held upon two afternoons weekly; now two-hour sessions upon four afternoons weekly will be held, an arrangement which greatly increases the opportunities for conservative work.

### INFECTIOUS DISEASE.

Closures of schools were, happily, very few in 1920, and were as follows:—The Infants' Department of St. Augustine's School was closed for fourteen days on account of measles, and one class of St. Luke's Infants' Department was closed for a similar period, also on account of measles.

### FOLLOWING UP.

The two School Nurses are present at Medical Inspections and at the Medical Inspection Centre, and follow up at the Homes all cases referred for treatment or for other purposes by the Medical Officers. The following table specifies the work done in 1920:—

Visits to Houses where the following Diseases have occurred.	SCHOOL CASES.		TOTAL.
	1st Visits.	2nd Visits.	
Scarlet Fever ... ..	7	—	7
Diphtheria ... ..	37	1	38
Measles ... ..	78	63	141
German Measles ... ..	5	2	7
Mumps ... ..	5	2	7
Whooping Cough ... ..	5	—	5
Chicken Pox ... ..	121	108	229
Sore Throat ... ..	50	—	50
Ringworm (scalp) ... ..	2	—	2
„ (body) ... ..	—	—	—
Verminous Heads ... ..	17	—	17
Verminous Bodies ... ..	2	—	2
Impetigo Contagiosa ... ..	—	—	—
Scabies ... ..	8	1	9
Infectious Eye Disease ... ..	—	—	—
Other Diseases ... ..	1	—	1
Totals ... ..	338	177	515

Visits paid to Elementary Schools for Medical Inspections	...	69
Number of Children prepared for Medical Inspection—		
Newly Inspected	... ..	1433
Re-inspected	... ..	73
Specially Inspected	... ..	9
Other Visits to Elementary Schools	... ..	198
Home Visits arising out of Medical Inspection	... ..	736
Home Visits for other information	... ..	280
Dental Inspections at Schools	... ..	39

In addition, the School Nurses attend the School Medical Officer, Ophthalmic Surgeon and the Dental Surgeon, during their sessions at the School Medical Centre, and carry out the daily treatment of minor ailments.

### MEDICAL TREATMENT.

(a). **Minor Ailments.**—These are treated at the School Medical Centre, and continue treatment under frequent observation by the School Medical Officer until a cure is effected. 195 Children attended during the year.

(b). **Tonsils and Adenoids.**—The means available for treatment in 1920 were the three hospitals, and private practitioners. It became evident that some arrangement for payment to the Hospitals should be made by the Local Authority if the recommendations of the School Medical Officers were to have effect in a satisfactory proportion of cases. So far as is known, 62 per cent. of cases referred for treatment, received no treatment.

(c). **Tuberculosis.**—When a child suffering from a tuberculous complaint is discovered, a note is given to the parent to take to the Medical Officer at the Tuberculosis Dispensary, where the child is kept under observation for treatment and attends also at the School Medical Centre at intervals, varied according to the duration and severity of the tuberculous condition.

(d). **Skin Disease.**—This is treated at the School Medical Centre when the condition is a minor one. Severe skin disease usually is treated at the General Hospital.



(e). **External Eye Disease.**—Directions for treatment are given to the parent and cases are kept under observation at the School Medical Centre, being generally seen by the Ophthalmic Surgeon.

(f). **Vision.**—All children showing defective vision are brought under the care of the Ophthalmic Surgeon at the School Medical Centre. It should be noted that, in 1920, glasses were prescribed for 90 children, and of these 87 obtained the glasses. In a few instances assistance was given to the parents for the purchase of the glasses.

(g). **Ear Disease and Hearing.**—These defects, if due to conditions such as wax, are treated at the School Medical Centre ; major defects are referred to the Eye and Ear Hospital.

(h). **Dental Defects.**—A Table setting these out and the results obtained is attached (Table IV.d.). An extension of the dental service has been arranged for the year 1921.

(i). **Crippling Defects and Orthopædics.**—There is no special treatment in connection with the schools for these conditions. They are usually referred to the General Hospital if treatment is required.

### **OPEN AIR EDUCATION.**

There is no Open-air school at present in Tunbridge Wells.

### **PHYSICAL TRAINING.**

This is undertaken at individual schools ; there is no General Organiser for the district.

### **PROVISION OF MEALS.**

Meals are not provided at the schools.

## SCHOOL BATHS.

The following are the arrangements made by the Baths Committee for school children at the Tunbridge Wells Corporation Baths and at the Open Air Bath during the summer months :—

**Open Air Bath.**—The Baths Committee of the Town Council provide for free instruction in swimming to scholars from Elementary Schools in the Borough attending the Open Air Bath.

Each scholar is charged  $\frac{1}{2}$ d. for admission to the Bath.

The Elementary School Teachers accompanying the scholars are admitted to the Bath free of charge.

The Borough Education Committee makes a payment to the Baths Committee at the rate of 10s. per week for the services of a Swimming Instructor.

The following Table gives Head Teachers' reports for the period June to August, 1920.

Public Elementary School.	Number instructed in Swimming.	Number able to swim as a result of such instruction.
St. James, Boys' ...	120	24
St. Barnabas, Boys'	60	28
St. John's, Boys' ...	35	several
St. Barnabas, Girls'	12	4
Grosvenor Mixed ...	30	16

Many other scholars also attended the Open Air Bath, without receiving instruction by the Swimming Instructor.

**Indoor Swimming Bath.**—Many also attended these Baths throughout the year, specially reduced charges being made for Public Elementary School children. As will be seen from the figures, a large proportion of the children learn to swim.

### **CO-OPERATION OF PARENTS AND TEACHERS.**

Postcards are prepared in the Health Offices and are sent to the Head Teacher prior to the Medical Inspection, for addressing and distribution to the parents requesting their attendance. It is found that a highly satisfactory percentage attends at the inspection. For 1920, 74 per cent. attended at the inspections of infants ; 51 per cent. at the inspections of senior boys, and 68 per cent. at the inspections of senior girls.

### **CO-OPERATION OF THE SCHOOL ATTENDANCE OFFICER.**

The School Attendance Officer is in close touch with the School Medical Department and, in addition to almost daily attendance at the Office, his Office is situated one hundred yards from the School Medical Centre, and thus for any special case he can be communicated with immediately.

### **CO-OPERATION OF VOLUNTARY BODIES.**

A Children's Care Committee was established early in 1920 for St. Barnabas School and has been of great assistance in following up certain cases recommended to it by the School Medical Officer, and in arranging for Convalescent Home treatment, etc. One of the School Nurses is a member of the Care Committee and reports all cases in which their services are likely to prove of use.

### **BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

These children come to notice through the Health Visitors and School Teachers ; at the same time it is probable that further advertisement might bring some to light, particularly such as are idiots or imbeciles. No Special Schools for such children exists in the Tunbridge Wells area.

### **NURSERY, SECONDARY, AND CONTINUATION SCHOOLS.**

There are no Nursery Schools in the Borough and the arrangements for Medical Service in the Secondary and Continuation Schools are undertaken by the County Council.



## **EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.**

The total number of Elementary School Children employed during the year 1920 was in the neighbourhood of 400, and the chief employments were milk and paper rounds and house duties. Under the new regulations dealing with the employment of school children, not more than two hours per school day may be devoted to work for payment. Certain provisos are made as to their adequate clothing and protection from the weather, also every employed child must be medically examined at least once in six months as to his fitness for the employment which he undertakes.

## **PHYSICAL CONDITIONS OF EMPLOYED CHILDREN.**

In the case of those employed very early in the morning, there has been noticed a tendency to minor heart troubles, also to stoppage of growth. Where the employment was found to be producing these detrimental effects, representations were made to the parents with a view to the child being taken off these extra duties.

## **STATISTICAL TABLES.**

The six Statistical Tables required by the Board of Education are appended, and these give detailed information of the work done in the various branches of the School Medical Service.

I am,

Ladies and Gentlemen,

Your obedient Servant,

F. C. LINTON.

TABLE I.—Number of Children inspected 1st January, 1920, to 31st December, 1920.

A.—ROUTINE MEDICAL INSPECTIONS.

Age.	Entrants.						Intermediate Group. 8.	Leavers.					Grand Total.
	3.	4.	5.	6.	Other Ages.			12.	13.	14.	Other Ages.		
					Total.	Total.							
Boys ...	16	59	109	43	28	255	134	210	81	20	29	340	729
Girls ...	10	54	90	64	24	242	119	207	67	7	62	343	704
Totals ...	26	113	199	107	52	497	253	417	148	27	91	683	1433

B.—SPECIAL INSPECTIONS

	Special Cases.†	Re-Examinations (i.e. No. of Children Re-Examined).
Boys ...	285	352
Girls ...	283	354
Totals ...	568	706

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (no Child being counted more than once in one Year).

No. of Individual Children inspected.
2278

\* Routine Medical Inspection is medical inspection carried out on the lines of the approved Schedule at the time when routine medical inspection is due and made on the school premises or other place sanctioned by the Board of Education under the Code.  
† "Special Cases" are those children specifically referred to the Medical Officer and not due for routine medical inspection under the Code at the time when specially referred. Such children may or may not be of Code-group age and may be referred to the Medical Officer at the school or the clinic by the Committee, Medical Officers, School Nurses, Teachers, Attendance Officers, Parents or otherwise.

## ABBREVIATED FORM OF TABLE II.

Return of Defects found in the course of Medical Inspection  
in 1920.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIALS.*	
	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition ... ..	10	49	9	7
Uncleanliness :				
Head ... ..	136	—	82	—
Body ... ..	3	—	15	—
SKIN—				
Ringworm :				
Head ... ..	1	—	34	—
Body ... ..	1	—	29	—
Scabies ... ..	1	—	2	20
Impetigo ... ..	2	—	66	23
Other Diseases (non-Tubercular)	6	4	34	50
EYE—				
Blepharitis ... ..	—	—	10	—
Conjunctivitis ... ..	—	—	1	1
Keratitis ... ..	15	6	—	—
Corneal Ulcer ... ..	—	—	—	—
Corneal Opacities ... ..	—	—	—	—
Defective Vision ... ..	127	—	—	—
Squint ... ..	15	—	3	—
Other Conditions ... ..	—	—	4	—
EAR—				
Defective Hearing ... ..	8	26	1	—
Otitis Media ... ..	—	—	3	1
Other Ear Diseases ... ..	12	34	9	7
NOSE AND THROAT—				
Enlarged Tonsils ... ..	104	223	28	6
Adenoids ... ..	30	37	8	1
Enlarged Tonsils and Adenoids	40	13	5	—
Other Conditions ... ..	—	—	1	1
Enlarged Cervical Glands (Non-Tubercular)	15	262	5	6
Defective Speech ... ..	1	—	—	—
Teeth—Dental Diseases, <i>see above</i>	110	819	—	—
	(Medical Inspection figures)			
HEART AND CIRCULATION—				
Heart Disease :				
Organic ... ..	6	23	—	1
Functional ... ..	—	59	—	—
Anaemia ... ..	6	23	1	3
LUNGS—				
Bronchitis ... ..	9	17	5	1
Other Non-Tubercular Diseases	5	—	2	—
TUBERCULOSIS—				
Pulmonary :				
Definite ... ..	—	—	—	—
Suspected ... ..	—	—	5	—
Non-Pulmonary :				
Glands ... ..	8	—	3	—
Spine ... ..	—	—	—	—
Hip ... ..	—	—	1	1
Other Bones and Joints ... ..	—	—	—	—
Skin ... ..	—	—	1	1
Other Forms ... ..	2	—	5	—
NERVOUS SYSTEM—				
Epilepsy ... ..	—	—	—	—
Chorea ... ..	4	—	2	2
Other Conditions ... ..	5	7	—	2
DEFORMITIES—				
Rickets ... ..	5	45	—	2
Spinal Curvature ... ..	6	12	3	—
Other Forms ... ..	11	24	2	1
Other Defects and Diseases ... ..	26	99	56	75

NUMBER OF *Individual Children* HAVING DEFECTS WHICH REQUIRED TREATMENT OR TO BE KEPT UNDER OBSERVATION ... .. 1,764

\* "*Special Cases*" are those children specifically referred to the Medical Officer and not due for routine medical inspection under the Code at the time when specially referred. Such children may or may not be of Code-group age and may be referred to the Medical Officer at the school or the clinic by the Committee, Medical Officers, School Nurses, Teachers, Officers, Parents or otherwise.



**TABLE III.—Numerical Return of all Exceptional Children in the Area in 1920.**

		BOYS.	GIRLS.	TOTAL
<b>BLIND</b> (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.				
Attending Public Elementary Schools...		—	1	1
Attending Certified Schools for the Blind		—	—	—
Not at School ... .. *1		1	—	1
<b>DEAF AND DUMB</b> (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.				
Attending Public Elementary Schools...		—	1	1
Attending Certified Schools for the Deaf		1	2	3
Not at School ... .. 1* 1†		2	—	2
<b>MENTALLY DEFICIENT</b>	Attending Public Elementary Schools	2	1	3
	Attending Certified Schools for Mentally Defective Children ... ..	—	1	1
	Notified to the Local Control Authority by Local Education Authority during the Year ... ..	—	1	1
	Not at School ... ..	1	—	1
	Imbeciles ... ..	—	—	—
	Not at School ... ..	1	1	2
Idiots ... ..		—	—	—
<b>EPILEPTICS.</b>				
Attending Public Elementary Schools...		1	—	1
Attending Certified Schools for Epileptics		—	—	—
In Institutions other than Certified Schools ... ..		—	—	—
Not at School ... ..		—	—	—
<b>PHYSICALLY DEFECTIVE</b>	Pulmonary ... ..	—	—	—
	Tuberculosis ... ..	—	—	—
	In Institutions other than Certified Schools ... ..	—	—	—
	Not at School ... ..	1	—	1
	Crippling due to Tuberculosis ... ..	—	1	1
	Attending Public Elementary Schools...	—	—	—
	Attending Certified Schools for Physically Defective Children ... ..	—	—	—
	In Institutions other than Certified Schools ... ..	—	—	—
	Not at School ... .. 1†	2	1	3
	Crippling due to causes other than Tuberculosis, <i>i.e.</i> , Paralysis, Rickets, Traumatism ... ..	3	—	3
	Attending Public Elementary Schools...	—	—	—
	Attending Certified Schools for Physically Defective Children ... ..	—	—	—
	In Institutions other than Certified Schools ... ..	—	1	1
	Not at School ... ..	—	—	—
	Other Physical Defectives, <i>e.g.</i> , delicate and other children suitable for admission to Open-Air Schools; children suffering from severe heart disease	3	1	4
	Attending Public Elementary Schools...	—	—	—
	Attending Open-Air Schools ... ..	1	—	1
	Attending Certified Schools for Physically Defective Children, other than Open-Air Schools ... ..	5	1	6
	Not at School: ... ..	—	—	—
<b>DULL OR BACKWARD**</b>				
Retarded 2 years ... ..		36	14	50
Retarded 3 years ... ..		19	21	40

\*\*Judged according to age and standard. No case retarded more than three years to be included in this category unless it has been decided after examination by the Medical Officer that the child is not mentally defective.

\*† Same Boy.



TABLE IV.—continued.

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	NUMBER OF CHILDREN.			
	RECEIVED OPERATIVE TREATMENT.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
216	—	66	66	16

D.—TREATMENT OF DENTAL DEFECTS.

1. *Number of Children dealt with.*

	AGE GROUPS.										“Specials.”	Total.
	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.		
	77	293	314	288	214	255	239	199	49	2		
(a) Inspected by dentist ...	...	...	...	...	...	...	...	...	...	...	2	1932
(b) Referred for treatment ...	...	...	...	...	...	...	...	...	...	...		1107
(c) Actually treated ...	...	...	...	...	...	...	...	...	...	...		687
(d) Re-treated* (result of periodical examination) ...	...	...	...	...	...	...	...	...	...	...		420

\* It is understood that cases under this head are also included under (c) above.



TABLE IV.—continued.

2. Particulars of Time given and of Operations undertaken.

No. of Half Days devoted to Inspection.	No. of Half Days devoted to Treatment.	Total No. of Attend- ances made by the Children at the Clinic	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Admini- strations of General Anæsthetics included in (4) and (6)	No. of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
(1.)	(2.)	(3.)	(4.)	(5.)	(6.)	(8.)	(9.)	(9.)	(10.)	(11.)
39	39	760	48	109	964	17	126	94	9	—

TABLE V.—Summary of Treatment of Defects as shown in Table IV. (A, B, C, D and F, but excluding E).

DISEASE OR DEFECT.	NUMBER OF CHILDREN			
	Referred for Treatment.	Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ...	485	195	163	358
Visual Defects ...	212	190	19	209
Defects of Nose and Throat ...	216	—	82	82
Dental Defects ...	1107	687	—	687
Other Defects ...	142	17	111	128
Total ...	2162	1089	375	1464

**TABLE VI.—Summary Relating to Children Medically Inspected at the Routine Inspections During the Year 1920.**

(1.) The total number of children medically inspected at the routine inspections* ... ..							1433
(2.) The number of children in (1) suffering from :—							
Malnutrition	...	...	...	...	...	...	59
Skin Disease	...	...	...	...	...	...	15
Defective Vision (including Squint)	...	...	...	...	...	...	142
Eye Disease	...	...	...	...	...	...	21
Defective Hearing	...	...	...	...	...	...	34
Ear Disease	...	...	...	...	...	...	46
Nose and Throat Disease	...	...	...	...	...	...	447
Enlarged Cervical Glands (non-tubercular)	...	...	...	...	...	...	277
Defective Speech	...	...	...	...	...	...	1
Dental Disease	...	...	...	...	...	...	929
Heart Disease :—							
Organic	...	...	...	...	...	...	29
Functional	...	...	...	...	...	...	59
Anæmia	...	...	...	...	...	...	29
Lung Disease (non-tubercular)	...	...	...	...	...	...	31
Tuberculosis :—							
Pulmonary	{	Definite	...	...	...	...	—
		Suspected	...	...	...	...	—
Non-pulmonary	...	...	...	...	...	...	10
Disease of the Nervous System	...	...	...	...	...	...	7
Deformities...	...	...	...	...	...	...	53
Other defects and diseases	...	...	...	...	...	...	175
(3.) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)† ... ..							757
(4.) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.).							308
(5.) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.) ... ..							221

\* “ Specials ” should not be included in this table.



# Number of Children Medically Inspected at each School.

SCHOOL.					GRADE.	BOYS.	GIRLS.
Basinghall ...	...	...	...	...	Infants ...	30	25
Rusthall ...	...	...	...	...	"	52	58
" ...	...	...	...	...	Boys ...	87	—
" ...	...	...	...	...	Girls ...	—	84
St. Mark's ...	...	...	...	...	Infants ...	17	22
" ...	...	...	...	...	Mixed ...	18	8
Christ Church ...	...	...	...	...	"	27	21
Murray House ...	...	...	...	...	"	14	56
King Charles ...	...	...	...	...	Boys ...	75	—
Royal Victoria ...	...	...	...	...	"	40	—
Holy Trinity ...	...	...	...	...	Girls ...	—	61
St. Peter's ...	...	...	...	...	Boys ...	59	—
" ...	...	...	...	...	Girls ...	—	40
" ...	...	...	...	...	Infants ...	10	10
St. James' ...	...	...	...	...	Boys ...	97	—
" ...	...	...	...	...	Girls ...	—	100
" ...	...	...	...	...	Infants ...	47	49
St. John's ...	...	...	...	...	Boys ...	27	—
" ...	...	...	...	...	Girls ...	—	25
Down Lane ...	...	...	...	...	Infants ...	12	12
Grosvenor ...	...	...	...	...	Mixed ...	37	46
St. Augustine's ...	...	...	...	...	"	7	11
St. Barnabas' ...	...	...	...	...	Boys ...	23	—
" ...	...	...	...	...	Girls ...	—	26
" ...	...	...	...	...	Infants ...	30	36
St. Luke's ...	...	...	...	...	"	20	14
						729	704

Total ... 1433

## RE-INSPECTIONS—

Improved	...	22	
Stationary	...	22	
Cured	...	28	
Worse	...	1	
		<hr/>	73

TOTAL 1506



